

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. IX.

LOUISVILLE, JUNE 5, 1880.

No. 23.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.  
EDITORS.

## BLACK ARTS IN MEDICINE.

It is ten or a dozen years ago that Dr. Jackson published for private distribution a pamphlet upon the Black Arts in Medicine. It attracted much attention, and was considered by many to be the best literary production of its accomplished author. "The numerous demands made for it by members of the profession throughout the United States, together with a valued friendship for the author," have induced the publishers to issue a second edition in a more substantial form.\* Dr. Lewis McMurtry, of Danville, who was the student of Dr. Jackson and an affectionate friend, is the fitting editor. He has wisely included in the brochure an Annual Address delivered by Dr. Jackson to the Boyle County Medical Society, as companionable to the essay upon the Black Arts.

We have read the book through and through, as we did the separate essays years ago on their first appearance. Our feeling as we lay it down is one of sadness, first, that its author should have been so early called from the field of his great usefulness; and again, at the picture of professional morals he has so skillfully portrayed in his Black Arts. It may be that it is a true one, but we had rather not believe it. The littleness, the scheming, the falsity here given are presented, to be sure, as the shadows only, but they are made to loom up in

such proportions as to shut out the little sunlight which is to come from that true merit and honest endeavor which Dr. Jackson has of course declared to be the only true basis of professional success.

Besides this we take decided issue upon many points wherein harmless or very proper customs are made to smack of professional quackery. In the satirical letter of Dr. Mead, which is quoted at length, along with very disreputable practices, dressing and dancing and writing poetry, engaging in divinity, politics, etc. are hinted at as practices improperly indulged in at times to get practice. Possibly or even probably so; but we can not see why the doctor can not honestly indulge his tastes in such direction if he be so inclined. We declare positively our belief that in so far as *dressing* is concerned, it is one of the first duties which the doctor owes to society and himself to follow the maxim of Polonius and put those clothes on his back which his purse affords and his position demands. But there are weightier offences. "Joining some church or other is another investment frequently made;" and "Freemasonry, Odd-Fellowship, teetotalism, and membership with all kinds of clubs and societies may with some address be 'turned to good account and be made to pay.'" But more frequently, we hope, the doctor goes to church for better motives; for in spite of the old saying about three doctors and two infidels, we hope the devil hasn't got even a bare majority of us. As to the charges about joining societies for ulterior motives, what is there wrong in the doctor making all the acquaintance he can? But our weightiest count against the Black Arts is on the marital question. "A step far for-

\*THE BLACK ARTS IN MEDICINE. By John D. Jackson, A. M., M. D., formerly Vice-president of the American Medical Association, etc. Edited by L. S. McMurtry, A. M., M. D. Cincinnati: Robert Clarke & Co. 1860.

ward in the way of increasing one's business," it says, "is to take a wife. . . . Why, God only knows; but I have long observed it as a fact that the public seems to think the possession of a wife adds greatly to a doctor's stock of morals and knowledge, and hence the taking of a wife may in a certain light be looked on as an investment —the taking of so much stock in trade." In the first place, we don't believe that doctors make marriages for convenience more than other men; and secondly, we think the public is right in having superior trust in the married doctor. The possession of a wife does not give him greater knowledge or skill any more than it imparts such qualities to the merchant or lawyer; but its tendency is to steady any man and to give him more earnest views of life. "He that hath taken a wife," says my lord Bacon, "hath given pledges to fortune," and the chances are infinite that in the necessity of redeeming these he is going to do better work than he who is under no such obligation. We challenge the editor of Dr. Jackson's essay to a denial.

We hope we have made ourselves understood in this *critique* of the Black Arts. We have felt the truthfulness of all that is therein contained, as any who reads it must do; but it is n't the whole truth. The unworthy men do not, we believe, have the seeming preponderance which it gives them; and though charlatanism exists even in high places, we don't believe it fools half the people that the author of the Black Arts may have thought it fooled.

Dr. Jackson was the most honest of workers; was high-strung, sensitive, and, loving his profession with all the intensity of his nature, was no doubt prone to exaggerate the sins committed against it. In the "Annual Address" printed in this volume he gives us a brighter picture of professional life, in describing the work and usefulness of the Boyle County Medical Society; and we believe, indeed, that if his health had always been robust, he had, like Thackeray, the greatest anatomist of the human heart, more than he has done—

Marked how our lives in checkered  
Shade and *sunshine* lay.

## Original.

### AMMONIA IN THE TREATMENT OF BITES OF POISONOUS REPTILES AND INSECTS.

BY WM. H. HARDISON, M. D.

In Texas and Kansas a great many people and stock die annually from the effects of bites of rattlesnakes, centipedes, and tarantulas, notwithstanding that naturalists tell us the bites of the two latter are never fatal. While in Kansas for several years I saw and treated quite a number of these cases, and will simply give the details of a few of the same.

April 26, 1877, Judge C., living ten miles in the country, came hurriedly into town to get some alcohol to give a horse that had just been bitten by a "huge rattlesnake." The temperance law having just gone into effect, he failed to get his alcohol. He then asked me to go out with him and do something for his horse. When we arrived at the place, four or five hours after the horse had been bitten, we found him swollen to a perfect strut, stiff, and apparently blind, and would notice nothing. I injected immediately one ounce of aqua ammoniae at different places under the skin. In a few minutes he began to show symptoms of sensibility, and tried to walk. In half an hour I repeated the ammonia; the swelling had already begun to subside. In about two hours more the swelling was entirely gone out of his body, and he ate a little and drank some water. The next day he was put to work.

June 4, 1877, at one o'clock A. M., I was awakened by Col. D., who told me to hurry, that his wife was at my office dying from the effects of a centipede-bite. With hasty toilet I accordingly hurried to my office, where were Mrs. D. and some lady friends. On examination I found the right arm (she had been bitten on the right shoulder, three hours before, while in bed) and side, face, and neck badly swollen; tongue too much swollen to talk plainly. While examining her she had a convulsion, which lasted about five minutes. Immediately upon the subsidence of the fit I injected one dram of aqua ammoniae, diluted with one dram of water, under the skin in different parts of the body. In ten minutes after I gave half a grain of morphia, for she was suffering a great deal of pain. In half an hour the symptoms were all better, and I had her removed to a hotel, where she soon went to sleep. In an hour

she awoke, and, according to my directions, they gave her one fourth grain of morphia in two ounces of whisky. She complained of some pain and giddiness, but soon went to sleep again and slept for several hours. I visited her again at eight o'clock in the morning and found her vomiting, but otherwise comfortable. She complained of a severe pain occasionally in the wound, and of a numb, tingling sensation in the right arm and shoulder for several days.

July 6, 1877, was called to visit J. T., sixteen miles in the country, who had been bitten by a centipede eighteen hours before. The patient died with convulsions an hour before I got there.

September 2, 1877, was called to see S. L., who had been bitten by a tarantula, while working in a stone-quarry, a few hours before. He had been bitten on the breast, the entire surface of which was greatly discolored and swollen. The tongue was swollen, the eyes bloodshot, pupils dilated, muscular twitchings and contractions were general, pulse feeble and intermittent. I injected a dram and a half of aqua ammoniae, diluted with as much water, in different parts of the body. In ten minutes injected half a grain of morphia, in half an hour gave half a pint of brandy, and in an hour after injected a dram more of ammonia. The patient slept twenty minutes, after which he said he felt better. For three days the patient was dull and drowsy. Kept him on carb. ammoniae and a nourishing fluid diet. On the fourth day gangrene occurred in the wound, which spread rapidly for about six hours. Extensive sloughing was the result. The patient recovered slowly, it being two months before he was able to be about much.

The above was the only case of tarantula-bite I ever treated. Was called to one other case, but the patient died before I got there, six hours after the bite.

June 1, 1878, my office-boy, Henry L., had gone to visit his parents, twelve miles in the country, and was bitten by a rattlesnake on the *big toe*. I was immediately sent for, and arrived just in time to see the boy die, less than four hours after the bite. The entire body was so swollen and discolored that not a feature was recognizable.

December 6, 1878, H. S., a druggist, was bitten upon the thumb by a centipede. I saw him two hours afterward in convulsions. Thumb black; hand, arm, and neck on the wounded side (right, I believe) greatly swollen and very dark. I at once corded the arm above the elbow (he had the thumb

corded), and gave one dram aqua ammoniae, diluted with same amount of water, hypodermically, followed in ten minutes by half grain of morphia subcutaneously. The convulsions, which followed each other in rapid succession, now began to be less frequent. In one hour the ammonia was repeated, and one fourth grain of morphia in two ounces of brandy was given. The pulse, which had been slow and feeble and intermittent, now began to rise and get stronger and more regular. The pupils, which had been dilated, began to contract, and in twelve hours most of the swelling and discoloration had disappeared, except in the thumb and hand. He had an occasional convulsion for thirty-six hours. After some sloughing the thumb and hand healed slowly. Carb. ammoniae and brandy were kept up for about three days. About three months after the bite he was seized with acute pain in the cicatrix of the wound, extending up the entire arm. In half an hour he had a convulsion, and the same symptoms followed as when he was first bitten. I was at the time confined to my room with rheumatism, and could not attend him. Dr. R. was called, who attended him for three or four weeks. He then went to Chicago, and I never heard from him afterward. I don't think Dr. R. used injections of ammonia.

Other cases could be cited, but I think the above are sufficient to show the danger of this class of poisoned wounds and the importance of prompt treatment, with a good plan for same.

RICHLAND, ARK.

## Reviews.

**The Truth about Vaccination: AN EXAMINATION AND REFUTATION OF THE ASSERTIONS OF THE ANTIVACCINATORS.** By ERNEST HART, Chairman of the Parliamentary Bills Committee of the British Medical Association, Chairman of the Council of the National Health Society. London: Smith, Elder & Co., 15 Waterloo Place. 1880. [Right of translation reserved.]

Mr. Ernest Hart, editor of the British Medical Journal, and one of England's greatest thinkers and most arduous workers, has in this publication exhausted the subject of which he treats. The Truth about Vaccination should be read by every law-giver and every philanthropist, as well as by all medical men. The following are some of his conclusions, and it is safe to say that they are unanswerable:

Vaccination, without endangering the life of the individual submitted to it, and without diffusing any infection, entirely and permanently exhausts the susceptibility to smallpox in the vast majority of those in whom it has been properly performed.

The objections raised to vaccination have no foundation in fact, and are disproved by the whole of the evidence on the subject.

There are absolutely no grounds for the statement that vaccination introduces the matter of diseased animals and children into the blood of healthy children, or that vaccination is mainly derived from smallpox inoculation of calves and heifers, or that vaccination breaks the law forbidding inoculation. The lymph used in vaccination is the product of the vaccine disease, and can not of itself produce any other disease.

No case of syphilis caused by vaccination has ever been discovered by the Medical Department of the State during the twenty years that it has supervised the vaccination of the kingdom. Parents have obvious self-interested motives in ascribing the appearance of this disease in their children to the results of vaccination.

The degree of severity which post-vaccinal smallpox may manifest is chiefly determined by the perfection of character and the sufficiency of amount of the vaccination that has been performed. Even when the vaccination has been most imperfect, leaving but a single mark of indifferent character, the disease is still in most instances modified in its course, and is not fatal in one third the proportion of cases in which natural smallpox is fatal.

When the vaccination has been done in the best-known manner, the modification is so general and so great that the proportion of deaths to attacks is scarcely more than one seventieth part of that which occurs in the natural disease.

In cases where the vaccination in early life has been but imperfectly performed, or has been from any other cause but imperfectly successful, the protection against smallpox neither lasts so long nor, while it lasts, is nearly so complete as the protection which first-rate vaccination gives. It is therefore advisable and prudent that all persons who have been vaccinated in infancy should, as they approach adult life, undergo revaccination.

Revaccination, once properly and successfully performed, does not appear even to require repetition, and is an almost absolute protection against smallpox. By universal revaccination smallpox has been virtually stamped out of the army and navy.

A strict enforcement of vaccination in early infancy, and a general system of revaccination at puberty, with scrupulous care as to the complete and perfect performance of the operation, would reduce to an insignificant fraction of its present amount the still considerable smallpox mortality of this kingdom.

**Common Mind-Troubles and the Secret of a Clear Head.** By J. MORTIMER GRANVILLE, M.D. M.R.C.S., etc. etc. Edited, with additions, by an American Physician. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1880.

Dr. Mortimer Granville, of London, one of the editorial staff of the *Lancet*, is highly esteemed in his own country for his ability and learning, and for his investigations and

labors in matters pertaining to the insane. This little volume, addressed to the general reading public, has been well received and widely read in England. The American editor says in his preface: "Dr. Granville is a firm believer in the power of the will to overcome most of these troubles, if it is properly directed in their very beginning. In these days, when men are so often regarded as physiological machines, when mind is spoken of as mere brain-function, and when so much mental trouble is laid at the door of physical ill-feeling, it is refreshing to find a competent observer of large experience vindicate the power of mind over itself, and speak of self-control and self-government as real and necessary parts of the prevention and cure of mental diseases."

It is a most readable book, and deserves a large sale.

**The Therapeutics of Gynecology and Obstetrics.** Comprising the Medical, Dietetic, and Hygienic Treatment of Diseases of Women as set forth by distinguished Contemporary Specialists. Edited by WILLIAM B. ATKINSON, A. M., M. D., author of *Hints in the Obstetric Procedure, Lecturer on Diseases of Children at Jefferson Medical College, Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital; Corresponding Member of the Gynecological Society, Boston; Fellow of the American Academy of Medicine; Honorary Member of the Medicochirurgical Society, Bologna, Italy; etc.* Philadelphia: D. G. Brinton, 115 S. Seventh St. 1880.

Dr. Atkinson is so widely and pleasantly known to the profession that any book of his is likely to be favorably received. His *Therapeutics of Gynecology and Obstetrics* is full of useful information, and the general practitioner will find it a valuable addition to his library as a book of reference.

**Skin Diseases; INCLUDING THEIR DEFINITION, SYMPTOMS, DIAGNOSIS, PROGNOSIS, MORBID ANATOMY, AND TREATMENT.** A Manual for Students and Practitioners. By MALCOLM MORRIS, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School; formerly Clinical Assistant, Hospital for Diseases of Skin, Stamford St., Blackfriars. With illustrations. Philadelphia: Henry C. Lea. 1880.

This carefully-prepared little treatise does credit to the scholarship of its able author. It gives briefly and clearly the current theory and practice of dermatology. The majority of medical journals in this country have noticed it most favorably, and we trust it may achieve a wide circulation. Its author is one of London's leading dermatologists.

**The Hysterical Element in Orthopedic Surgery.** By NEWTON M. SCHAFER, M. D., Surgeon in Charge of the New York Orthopedic Dispensary and Hospital; Orthopedic Surgeon to St. Luke's Hospital, New York. New York: G. P. Putnam's Sons, 182 Fifth Avenue. 1880.

This is a small volume, of sixty-six pages, gotten up in most beautiful style by its publishers. It is an essay read before the Neurological Society of New York, December 1, 1879. In the preface Dr. Schaffer says, "The importance of the subject considered and its almost entire neglect by writers on orthopedic surgery" are his reasons for giving it to the profession. Its table of contents is as follows:

Nervous Mimicry of Knee-joint Disease, Cases, Comments, and Treatment; Differential Table of the Symptoms of Synovitis and Chronic Osteitis of Knee-joint; Remarks on the Differential Diagnosis of True and False Knee-joint Lesions; Nervous Mimicry of Hip-joint Disease, Cases, Comments, and Treatment; Remarks on the Differential Diagnosis of True and False Hip-joint Disease; Nervous Mimicry of Pott's Disease, Cases, Comments, and Treatment; Remarks on Differential Diagnosis of True and False Pott's Disease; Nervous Mimicry of Lateral Curvature of Spine, Hypothetical Cases and Comments; Remarks on Differential Diagnosis of True and False Lateral Curvature; Remarks on Treatment; Reference to the Stimulated Lesions of other Articulations; Hysterical Club-foot, Cases, Comments, and Treatment; Remarks upon the Use of the Faradic Current as a Means of Diagnosis; Conclusions.

**Post-mortem Examinations, with especial Reference to Medico-Legal Practice.** By Prof. RUDOLPH VIRCHOW, of the Berlin Charité Hospital. Translated from the second German edition, by Dr. T. H. SMITH. Philadelphia: Prestley Blakiston, 1012 Walnut Street. 1880.

A handy book that every medical man should possess. The profession is deeply indebted to Dr. T. H. Smith for translating this valuable work. It is exhaustive, concise, and lucid.

**The Hair: Its Growth, Care, Disease, and Treatment.** By C. HENRI LEONARD, M. A., M. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in the Michigan College of Medicine; Member of the American Medical Association and of the Wayne County Medical Society, etc. etc. "We loved that time the best before the hair was turning gray." Illustrated by one hundred and sixteen engravings. Detroit: C. Henri Leonard, medical-book publisher. 1880.

The author says in his preface: "This treatise is of as much value to the laity as to the profession; hence he has avoided as far as possible purely technical terms, and

has also translated each prescription into its English equivalents." It seems, indeed, especially written for the laity. Its style is more popular than scientific. It contains much curious information and no little useful knowledge. It is the forerunner, its author says, "of a larger and more scientific work."

**American Health Primers: SEA-AIR AND SEA-BATHING.** By JON. H. PACKARD, M. D., Surgeon to the Episcopal Hospital, etc. etc. Philadelphia: Prestley Blakiston, 1012 Walnut Street. 1880.

Every one going to the seashore should read Dr. Packard's pleasantly-written primer, and those who are unable to go should read it to learn what they miss in the joys and dangers of sea-bathing.

## Books and Pamphlets.

**ON FLUID EXTRACTS AS PROPOSED FOR THE COMING PHARMACOPEIA.** Reprint from the Therapeutic Gazette, April 15, 1880.

**TIME OF CONCEPTION AND DURATION OF PREGNANCY.** By George J. Engelmann, M. D. Reprint from the St. Louis Courier of Medicine, May, 1880.

**THE PROSPECTIVE ADVANTAGES OF BALTIMORE AS A MEDICAL CENTER.** By Jno. Van Bibber, M. D. Reprint from Maryland Medical Journal, April, 1880.

**STREET PAVEMENTS.** By R. T. Scowden, City Engineer of Louisville.

A valuable document.

**ELEVENTH ANNUAL REPORT OF THE AMERICAN MUSEUM OF NATURAL HISTORY, CENTRAL PARK, NEW YORK (SEVENTY-SEVENTH ST. AND EIGHTH AVENUE).** February 10, 1880. New York: Thresher & Glastaeter, 14 and 16 Vesey Street.

Every American should feel interested in the success of this museum, and should give it his assistance and should visit it.

**THE PROBLEMS OF INSANITY.** A paper read before the New York Medico-Legal Society, March 3, 1880. By George M. Beard, A. M., M. D., Member of the New York Medico-Legal Society; Fellow of the New York Academy of Medicine; etc. Reprint from the Physician and Bulletin of the Medico-Legal Society.

**ON THE RELATIONS OF THE MEDICAL PROFESSION TO THE TRADE INTERESTS OF THE MATERIA MEDICA, AND A NOTE ON PEPSIN.** By Edward R. Squibb, M. D., of Brooklyn. Followed by a reprint of a paper entitled A Ready Method of Testing Pepsin, republished from the Proceedings of the Medical Society of the County of Kings.

This is a most thoughtful and judicious paper, and should be read by every medical man.

## Miscellany.

HOW THE DRUGGISTS DO IT.—A writer in the Courier-Journal of May 27th says:

The writer of this was at one time a dispensing pharmacist in one of the cities of the East, and frequently had demands made on him for "drugs" of a poisonous nature. Strangers calling at our store were positively refused the poison asked for. We were obliged very often to use a little strategy with customers and others known to us. For instance, a customer requesting arsenic or strichnine to poison rats was given, respectively, powdered gum arabic or sulphate of zinc. Those desiring a few grains of morphia (for a friend) were given the sulphate of quinia. This order of things did not always work well, though we never had an occasion of regret in making the substitute, as the sequel will show.

Persons occasionally returned, saying that the rats were more plentiful than before. In this instance we would advise them to try other means of extermination. Often the purchaser would return, his face wreathed in smiles, and joyfully exclaiming that the "poison" did the work, and his premises were now free from those "pestiferous cusses."

On another occasion a gentleman well known to us all entered the store and requested ten grains of the sulphate of strichnia to kill rats. Ten grains of the sulphate of zinc were "put up," and in a very serious tone of voice we cautioned him of the great danger should any human being partake of it. We labeled it with the usual "skull and cross-bones" and the word "poison." A few hours afterward a physician hastily entered our store, desiring to know what kind of poison we had given to Mr. ——, stating that his patient was continually vomiting, and—and that he might be able to prescribe the proper antidote. When informed that it was ten grains of the sulphate of zinc (a powerful emetic) our Esculapian friend departed to quiet the fears of the "would-be" suicide's family.

How many cases of poisoning occur, by the "recklessness" of druggists, that do not come to the surface!

We are all familiar with the "Found dead in his bed," etc. Two cases particularly have been brought to my notice where sufficient poison to kill a dozen people was given to children, by so-called druggists, without a prescription or even a written order from responsible parties, and in one instance death

ensued. We say responsible. *No one is responsible save the physician.* There are few druggists who hesitate to prescribe for patients (without even seeing the person affected), and the medicine "to cure all ills that flesh is heir to" passed over the counter frequently contains drugs so dangerous that the vigilance of a physician is often required.

No later than yesterday a physician was hastily summoned to save the life of a patient who had taken an overdose of medicine prescribed by one of our druggists. With no reference to respectable druggists, I would say that cases have come to my knowledge where any one, even children, can obtain poison from druggists by merely asking for it and paying the money. We suggest to druggists the adoption of the plan of "substituting," and if their poison does not kill the rats they certainly will not have the life of a fellow-being to account for in the hereafter.

CASES OF BABY-FARMING.—An inquest has just been concluded at Chelsea before Dr. Diplock, the coroner, where the mother and the nurse of a child have been committed for manslaughter. This case shows the necessity of including under the Infant Life Protection Act all those infants who are placed out by their mothers, during the day only, with nurses to be fed and cared for. The child, being naturally delicate and fretful, was so ill-used, starved, and neglected by the nurse by day and the mother by night that both its arms were broken, it had great sores on its thighs, and was wasted to a skeleton. A case of baby-farming was last week brought by Inspector Bailey before the magistrate at Marlborough Street, in which a French woman had four infants in her care without having her house registered. She escaped to Paris and the children were returned to their parents. At Liverpool a case has also been investigated by the magistrates, and the woman fined forty shillings with costs for having infants in her care without being registered. Attention was first attracted to this baby-farmer by the deaths of several children occurring in her house.—*British Med. Journal.*

THE Medical Herald is of the opinion that "etiological generalizations of great value are probably in store for the careful observer and zealous student of past records, who may collate with care the coincidences of disease, more especially in surgical wards and military campaigns."

**HOMEOPATHIC SPRINGS FOR FEVER AND AGUE.**—In Westphalia there is a spring which, after flowing for twenty-four hours, entirely ceases for six, then returns with a loud noise, and in a stream large enough to turn three mills. The well at Torbay ebbs and flows sixteen times in an hour. The Giggleswick well in Yorkshire rises and falls every ten minutes. St. Anthony's well, near Edinburgh, has a similar regular intermittent movement. In Savoy there is a spring which is very uncertain and irregular in its rises and falls. This water has been suggested for the irregular chills of pyemia, while sea-water, which rises and falls regularly with tides, is said by Dr. Max Greubler to rival natrum muriaticum in the cure of intermittent fevers. He also hints that the other waters may be tried in obstinate cases of fever and ague. The waters from the intermittent geyser springs in Iceland have not yet been suggested by Dr. Greubler for the worst cases, but he points with pride and pleasure to the numerous cases of malarial disease which have been cured at the springs, called the *Puits de Vaise*, at Vichy, which have a perfectly regular and curious *intermittent* action, preceded by a subterranean noise, followed by a violent eruption of mud, water, and gas, strongly impregnated with the hydrosulphurous odor, which occurs at intervals more or less regular, six or eight times every twenty-four hours. Dr. G. prides himself very much upon a homeopathic inspiration which led him to give these waters, especially in cases attended with flatulence and more or less violent explosions of gas and scybala. In some cases he was obliged to use what he calls the ascending rectal douche or injections of the water, which is highly impregnated with gas. Thus all the indications were fulfilled; the water, gas, and feces were forced first to ascend and then to descend, and were eventually expelled from the patient's body, to his great relief and comfort.—*Med. Record.*

**THE WORLD IN A BAD WAY.**—Dr. Williams, of Cincinnati, in a paper upon The Drink Muddle, in St. Louis Med. and Surg. Journal: The uppermost spirits of the day are quacks! Quacks in medicine, quacks in politics, quacks in religion, quacks in science, quacks in every thing! Taking the kingdoms of the earth by violence, their brazen effrontery would storm the kingdom of heaven, and failing to humbug or intimidate Peter, they would throw him a sop of bribery!

THIS extract from a valedictory recently delivered at the Buffalo Homeopathic College is, to say the least, significant (Boston Medical Journal): "The elision of the term homeopathy could be of no detriment to the denomination; in our judgment it would be benefited in every way—a great gain and no loss. In the minds of many it is the great barrier to progressive medicine, to professional tolerance and a high social status, to liberty of thought and action, to freedom of sentiment, speech, and practice. Its name and extravagant notions have kept in abeyance the careful examination of the most scientific method of treating disease, for the great mass of professional men have been tutored from their early pupilage to look upon it opprobriously. It has proved the great obstacle to admission to army, navy, and health-boards. Its exclusive dogma limits the research of its pupils, curbs the ambition of the practitioner, checks the progress of liberality and reform, and brands its votaries in the estimation of the majority as charlatans. The student should not be fettered by any dogma, pathy, or ism. The broad fields of science and art should be his realm, and he should be permitted to bask in the glowing light of reason and experience."

**APPARATUS FOR LOWERING THE TEMPERATURE OF THE BODY.**—At a recent meeting of the Academie de Medicine of Paris M. Dumontpallier described an apparatus for lowering the temperature of the body. It consists essentially of a coil of rubber tubing, which is placed about the trunk, and through which water is run until the temperature in rectum and axilla indicate that a sufficient extraction of heat has been accomplished. In commenting on this apparatus, the Lancet reminds its readers that a similar one has been for some time employed by Liebermeister, and will be found figured in the article on Abdominal Typhus in the first part of Eulenberg's Cyclopedie, now in course of issue. The opportunity is not lost of drawing a moral as to the ignorance among Frenchmen of all that is done outside of their own country.—*Medical Record.*

**ORIGINALITY.**—There is a class of men—more numerous, we fear, in England than in any other civilized country—who with a still more unjustifiable prejudice condemn all knowledge not derived from books and scorn original research and discovery.—*J. W. Slater, in Journal of Science.*

**COMMERCIAL "FRUIT"-JELLIES.**—The fruit-jellies commonly wholesaled throughout the country (says the New England Grocer) at about seventy cents per dozen, are pretty well understood to be composed of animal and not of vegetable substances. A story was once current that the consumption of cattle-hides in the manufacture of jelly in London was so great as to cause a sharp advance in the hide-market. Such an effect could hardly be produced at the present time, however, since merchantable hides can be made to yield more money in the form of leather than in jelly. The jelly manufactured in Boston is nearly all made of apples, and sells at about fourteen cents per pound. Apples now form the basis of an endless number of jellies, made by simply adding extracts to flavor the apple-jelly, and so perfect is the resemblance that the great majority of consumers can not distinguish it from the genuine. Real currant-jelly costs about twenty-eight cents per pound, and is made to only a very limited extent.

**MICRO-PHOTOGRAPHS OF THE BLOOD IN YELLOW FEVER.**—Dr. Squire showed a series of photographs of the blood of yellow-fever patients, taken by Dr. Sternberg. The red corpuscles were natural, but the white were much altered, containing numerous fatty granules, and closely resembling the corpuscles of patients dying from famine in India. There were no microzymes.—*British Medical Journal's report of Pathological Society of London.*

**THE DETERMINATION OF SEX IN UTERO.**—Obstetricians are aware that the areola and nipple change color when in the pregnant state. The difference in the change is the index to the sex. I find almost invariably that when the sex is male the color of the areola is much darker than when the sex is female. I have a record of thirty-eight births in which I have noted as follows: Nineteen males, areola very dark in color; one male, areola very light color; eleven females, areola *not* very dark color; three females, areola rather darker than the average female in color; three females, areola very light color; one female, areola very dark color.—*Dr. S. D. Carlile, in Med. Record.*

**THE first census of Great Britain was in 1801.** Before this first enumeration of the people the number of the population was a fruitful topic with party writers.—*Medical Times and Gaz.*

**SEEING BY TELEGRAPH.**—We read in the Times of a novel and startling addition to telegraphic possibilities, viz. "seeing by telegraph." By means of a lens an image of the object is thrown upon a receiving plate. This is built up of a series of thermopile elements grooved anteriorly to an even surface, and connected by their posterior ends with a series of wires which transmit the electric currents generated by the reception of the image to a similar series of elements in a second plate at a distance. In this second plate the electric currents create changes exactly corresponding to those produced by the image on the receiving plate. The close analogy between this apparatus and the rods and cones of the retina and the fibers of the optic nerve is obvious.—*British Med. Jour.*

**THE MEDICAL SOCIETY OF LONDON.**—The Medical Society of London held its annual *conversazione* at the society's rooms, Chandos Street, on May 3d. The oration was delivered by Dr. Broadbent, who chose for his subject, The Pulse and Some of its Indications. There was some excellent music at the *conversazione*, which took place after the oration, and altogether the meeting was a pleasant one.

**MEDICAL PRACTITIONERS IN FRANCE.**—It has frequently been pointed out that the proportion of medical practitioners to population in England and Wales has declined in recent years; and Dr. Bertillon, in an article on France, contributed to the *Dictionnaire Encyclopédique des Sciences Médicales*, calls attention to a similar decline across the channel.—*Lancet.*

### Selections.

#### PROGRESS IN PHARMACEUTICAL PREPARATIONS.

Dr. Bennett F. Davenport publishes, in the Boston Med. and Surg. Journal, a very interesting report on this subject drawn from recent pharmaceutical and medical journals. We make the following extract:

**Paraffin Ointments and Oleates.**—All cerates and ointments, especially those subject to becoming soon rancid, keep well if made up with some soft paraffin base, such as is now sold under the name of petrolina, or with the paraffin ointment proposed in the printed report of the committee of the American Pharmaceutical Association on the Revision of the United States Pharmacopeia for 1880. A sub-nitrate-of-bismuth ointment made up with such a base is considered as much better in many cases than the more commonly used zinc ointment. A series of

oleates will doubtless be officinal in the United States Pharmacopeia for 1880, the oleate of mercury having already been in use for some years. The oleates of the alkaloids, such as of aconitine two per cent, morphia five per cent, quinia twenty-five per cent, and veratrine two per cent, furnish elegant methods of administration.

**Tamarinds.**—An extract of tamarinds, which would properly be called "mellago tamarindorum" corresponding to the "pulpa tamarindorum" of the Pharm., Germ., being a clear, brown-red, thick, honey-like mass, is very favorably mentioned by Dr. H. Hager as a preparation for making a refrigerant drink, to be used in fevers, when dissolved in cold water; also as a purgative, if given in doses of three to four spoonfuls.

**New Poultice.**—A new form of poultice has been introduced by a French chemist as a substitute for linseed and other ordinary poultices. It consists of an extract from Irish moss (*Fucus crispus*) dried between sheets of cotton wool. For use, a piece of suitable size is cut and dipped in boiling water, until quite swollen; then applied to the part, and covered with the accompanying piece of gutta-percha sheeting. It has the great advantages of being cleanly, of not drying quickly, of not easily slipping from its place, and of not having any unpleasant odor, as well as of being so quickly and simply prepared. It is offered in packages containing sheets five by eight inches and eight by thirty.

**Elastic Caustic Crayon.**—Elastic crayons of nitrate of silver can be prepared by dipping small laminaria tents in thick mucilage, and then rolling them in finely-powdered lunar caustic. When dried it makes a crayon which can be introduced into a cavity without fear of breakage. Other caustics can be used in like manner.

**Scoparin, Sparteine, and Sclerotic Acid.**—Increased attention has been recently directed, in Germany, to the diuretic action induced by the subcutaneous injection of the active principles scoparin and sparteine, obtained from the broom (*Sarothamnus scoparius*) dissolved in water with the aid of glycerin. A preparation for use as subcutaneous injection has also been made from ergot in the form of sclerotic acid, the ordinary dose being 0.02 to 0.03 grams. The acid is an amorphous, cinnamon-brown substance, readily soluble in water. Good ergot contains some four to five per cent of it. It seems to have all the virtue of ergot itself in inducing uterine contractions, and does not lose its strength if only kept dry. It has the advantage over ergotin of not being likely to induce inflammation at the seat of puncture, and over any other preparation of ergot in the smallness of its dose and rapidity of action if used as a hypodermic injection.

**Ethyl Bromide.**—Ethyl bromide, the hydrobromic ether of older chemists, first made by Serullas in 1827, shortly after the discovery of bromide itself, received but little attention as a therapeutic agent till Dr. Nunnelly, of Leeds, England, called attention to it as a useful anesthetic in 1865. Rabuteau, of Paris, again created considerable interest by his experiments with it on the lower animals in 1876; but the credit of bringing it out prominently and, as it now seems, permanently, is due to Dr. Lawrence Turnbull, and the hearty co-operation, persevering efforts, and experiments of Dr. R. J. Lewis, both of Philadelphia. As an anesthetic it has always thus far proved safe when a pure preparation only has been used. In action it is more rapid than even chloro-

form, and is eliminated by respiration more quickly than either of the common anesthetics; the senses and muscular coördination being therefore regained very soon after inhalation ceases. The pulse and respiration are but slightly increased. It causes less irritation of the respiratory passages than ether, and less of the skin on contact than chloroform. The liability to nausea and vomiting is not as much after either of these. The quantity required to produce anesthesia, as with the more common ether and chloroform, varies with the individual and the modes of administration. Dr. Lewis recommends that it be given by pouring two to three fluid drams upon some soft, porous material inclosed within a folded napkin large enough to cover the entire face. This held at first closely over the mouth and nose makes a rapid and decided impression, and thus, as with ether, anesthesia is attained with but a very short stage of mental and muscular excitement. The same precautions in administration and against pushing the anesthesia to an unnecessary degree should be observed as with ether. The odor being more agreeable than that of ether, and also being more rapidly removed, it can be used with more comfort in the physician's office or the patient's chamber. As its vapors are not inflammable, there is not the danger of explosion near a light which exists in the case of ether.

**Castor Oil.**—Castor oil may be so palatable that a patient will not recognize it, if it is made into an emulsion containing castor oil  $\frac{3}{4}$  i, tinct. cardamom. comp.  $\frac{3}{4}$  iv, ol. gaultherie gtt. iv, pulv. acacie and sacciari alb.  $\frac{3}{4}$  ij, aq. cinnamoni q. s. ad  $\frac{3}{4}$  iv; misce secundum artem. German children are even said to quarrel over the confection of castor oil made into a paste with either about three parts of coarsely granular sugar or two parts of comp. licorice powder, and flavored with a little powdered cinnamon or grated lemon-peel.

**Kooso.**—Kooso, one of the most certain of tenicides for tapeworm, is prepared, unimpaired in its strength and in a form which does not excite repugnance, by treating  $\frac{3}{4}$  ss of fresh powdered kooso with  $\frac{3}{4}$  i of hot castor oil, and afterward with  $\frac{3}{4}$  ij of boiling water by displacement, expressing, and by means of the yolk of an egg combining the two percolates into an emulsion; adlign gtt. xl of ether, and flavoring with some aromatic oil. This emulsion is to be taken at one dose early in the morning, after a previous fast of nearly a day. The worm is usually expelled dead after about six to eight hours.

**Cinchonia and Quinia.**—Cinchonia can be very acceptably administered in the form of a throche if accompanied by a little carbonate of soda, so as to make the mixture alkaline, and thus prevent its solution and taste in the mouth. Quinine finds a very good solvent in milk, which almost completely disguises its bitterness if taken in the proportion of fl.  $\frac{3}{4}$  i to the grain. This mode of administering quinine is of especial use with children. A solution of quinine in glycerin made gr. i to the fl.  $\frac{3}{4}$  i can be given in a cupful of milk without the child knowing it.

**Iron Albuminate.**—An albuminate of iron has been for some years in use in Germany containing about five per cent of ferric oxide. It is a perfectly transparent, light brown liquid, nearly tasteless, which will keep well in cool weather for several weeks. It can be obtained from its solutions by precipitation with common salt, and this when dried and powdered is again soluble in water.

**Succus Carnis and Defibrinated Blood.**—Succus carnis, or meat-juice, is extensively used in

St. Petersburg by invalids and infants in the place of raw meat, which is simply prepared from fresh, perfectly lean beef by hydraulic pressure, and is consumed on the same day it is made, as it does not keep well for more than twenty-four hours. It is a clear, red liquid, having an acid reaction. Flavored with a little salt it has a pleasant taste, and under the microscope shows a few blood-cells and fat globules. Its specific gravity is 1.031 to 1.037. It mixes clear with a little hydrochloric acid, but is coagulated by more, or by boiling. It is relished and readily digested even by very young children. It contains in 100cc., organic matter 6.12 grams, mineral matter 1.04, and water 92.84 grams. The 1.04 grams of organic matter are composed of albumen 3.86 per cent, sugar 0.30, and gelatin, creatin, isatin, etc., 1.96 per cent, while the 1.04 grams of mineral matter contained 0.064 grams of phosphoric acid, principally in the form of acid phosphates of potassium and calcium. This preparation, as not having been subjected to heat, and thus deprived of its albumen, is superior as a food to all the beef extracts prepared with heat. A somewhat similar food is made by defibrinating and then drying beef-blood. This is then dissolved in a mixture of one part each of glycerin and brandy to four parts of water, in the proportion of one dram of the dried blood to one fluid ounce of the above mixture. This preparation is found to be very palatable and easy of digestion.

[TO BE CONTINUED.]

**Accidents.**—Chicago seems to be winning a reputation as headquarters for surgical blunders. A few months ago a Dr. Lee found on the hard palate of a patient a tumor the size of a hickory-nut. An "exploratory incision" was made, which let out some clots followed by a stream of bright arterial blood. It was a traumatic aneurism. An attempt was made to arrest the hemorrhage, but the man died almost instantly. Only a few weeks ago no less an authority than Dr. Reeves Jackson opened an enormously dilated stomach in mistake for an ovarian tumor. The woman died that night.—*Western Lancet*.

**Oil of Mustard in Malarial Fever.**—Haber-korn (London Medical Record) has very successfully used the ethereal oil of mustard, on account of its antibacterial properties, in the pernicious fevers of malaria. He gives two or three drops a day in a great quantity of distilled water; or better, from two to four drops in a ten-per-cent alcohol solution. His results have been "most remarkable."

**Treatment of Anal Fissure.**—Instead of employing forcible dilatation, Dr. Hamon (*Le Pratique*) applies to the fissure, with a camel's hair brush, a solution consisting of one part chloroform to two parts of alcohol. Two or three applications at intervals of two or three days usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.—*Medical Press and Circular*.

**Veratrum Viride and Aconite in Puerperal Eclampsia.**—Staples claims to have arrested puerperal convulsions with uniform success for the past nine years with hypodermic injections of veratrum and aconite every twenty to thirty minutes, until the system was brought under their influence. Average dose, four to six drops of the former and two to three of the latter.—*St. Louis Courier of Medicine*.

**Growing Pains.**—M. Bouilly, in an article published in the *Revue Mensuelle de Médecine et de Chirurgie* and the *Journal de Médecine et de Chirurgie Pratiques*, December, 1879, studies, under the appellation of The Fever of Growth, the attacks of congestion which occur in the bony tissue of the extremities of long bones, and which may go on to inflammation and coincide with febrile conditions connected or not with some other distant lesion. The phenomena are of various kinds. In a considerable number of cases, on the appearance of any insignificant affection, such as a slight angina or a feverish gastric disturbance, there supervenes in children a very high fever, lasting, at the most, from twenty-four to thirty-six hours, and manifestly connected with the local lesion. In addition, however, the patient shows depression quite out of proportion with the slight malady from which he is suffering; during the febrile attacks, and for the two or three subsequent days, there is, especially on pressure, a very decided sensibility over the epiphyses of the femur, tibia, and humerus; and, if care be taken to measure the child beforehand, after the attack he will be found to have grown four or six-tenths of inch. In another form the fever seems to constitute the whole disease. On this point M. Bouilly cites two cases observed by himself, in which the symptoms consisted in a series of paroxysms of intermittent fever, having in one case a tertian, and in another a quotidian type, commencing with a morning rigor, followed by heat, and terminating early in the night by copious perspiration. At the same time, pressure revealed the presence of decided pain at the level of the great epiphyses, especially at the moment of the attacks, less marked during the intervals. In each of the children, one of whom was thirteen and the other seven years of age, the increase in growth in a week was an inch. The attacks yielded to sulphate of quinine and perfect rest, but convalescence was complicated with a condition of languor and depression, and was much more protracted than might have been expected after a week's illness in children of good constitution. Here we find a type of the fever of growth, probably connected with congestion of the epiphyses. Analogous facts have been pointed out by other medical writers. M. Bouchut has reported the case of a child, twenty-five months old, who grew more than three inches in six weeks, being affected with remittent fever, which the author believed to be connected with this growth. Regnier has also recorded the case of a youth, aged fourteen, who was excessively short for his age, and was seized with extremely acute pains pervading all the joints. In six months, he grew more than twenty inches. The absence of fever prohibits the supposition that the case was one of acute articular rheumatism. It is very probable that the patient had a series of attacks of juxtapophysary osteitis, which gave rise in six months to this enormous increase of growth. M. Bouilly, also, in pointing out that these fevers of growth are caused by congestive outbreaks in the vicinity of the joints in the epiphysary zone, considers them as the mildest stage of osteomyelitis of children and adolescents.—*British Med. Journal*.

**Compound Tincture of Benzoin in Tooth-ache.**—Dr. Osborn, of America, has found that a pledget of cotton or lint saturated with compound tincture of benzoin, and packed well into the cavity of an aching tooth, will give immediate relief.—*Med. Press and Circular*.

**Hydatid Disease of Spleen and Left Lung: Necropsy.**—Wm. S. Paget, M. D., in British Medical Journal:

Mrs. L., aged thirty-nine, married at the age of twenty-eight, with a family of four children, had enjoyed fairly good health all her life up to four years ago, when she first complained of pain in the left side under the false ribs; she noticed, also, a slight swelling in this locality; at same time commenced attacks of hemoptysis, large quantities of florid blood being expectorated at intervals of three or four weeks, usually at a menstrual period, which later, however, was as a rule profuse. Along with the expectoration of blood, or sometimes alternating with it, large shreds of parchment-like membrane were expelled; they were only got rid of after a severe attack of coughing. Over the region of the swelling the patient complained of a tickling sensation, as though something were moving inside.

Mrs. L. had been under medical advice four years previously to my seeing her, and two of the gentlemen whom she consulted had informed her that she was expectorating "live things" (as she expressed it). Her condition, when first seen by me, was as follows: face worn and anxious, slightly icteric; considerable emaciation; pulse 120; temperature 100°; respiration labored; cough paroxysmal, attended by profuse expectoration of thick muco-pus, sometimes half a pint in twenty-four hours; occasionally large parchment-like pieces of membrane in the expectoration, of laminated structure, but no echinococci on microscopic examination. She complained of considerable pain in the left subclavicular region. The digestive system was much impaired, most articles of food being rejected sooner or later.

The physical signs in the chest were deficient expansion on the left side, and at the apex indications of breaking-up of lung-tissue; respiration feeble at the left base; condition on the right side normal. Over the splenic region was a swelling bulging to the extent of six inches below the false ribs, tolerably firm, but with an indistinct fluctuation. When examined in this region, the patient expressed herself as confident that it was from this quarter the shreds of membrane came in the paroxysm of coughing; but, upon applying the stethoscope and desiring her to cough, no evidence could be obtained of any communication between the tumor and the left lung, though the amount of muco-pus expectorated seemed more than could be accounted for by the physical condition of the left apex. The urine was scanty, depositing lithates; no albumen. The subsequent progress of the case was downward; signs of large cavity at left apex; frequent vomiting; dyspnea urgent. Death took place suddenly one day in attempting to clear the throat of some membranous shreds.

My diagnosis was that the tumor was splenic, probably hydatid; that it had suppurated, become adherent to the left lung, and was discharging itself by this means; that there was co-existing phthisical disease of the left apex, or else an old suppurating hydatid cyst in that locality.

**Necropsy.**—I had considerable difficulty in obtaining an examination; but after a great deal of persuasion succeeded in obtaining permission to examine the chest and abdomen. The lower lobe of the left lung was comparatively healthy, but at the apex was a large cavity, in which three fingers could be placed, full of muco-pus and large detached shreds of membrane; others of similar character hanging from the walls; these were of precisely the same na-

ture as those expectorated. The right lung and the heart were healthy. The tumor projecting from beneath the left false ribs proved to be the spleen; it was nine inches long, six inches broad, four inches thick, and weighed two pounds and three quarters. On making an incision into it, acephalocysts in all stages flowed out, varying in size from a pin's head to walnut; in the center was a quantity of saponaceous material, consisting of shriveled cysts and fatty matter. The cysts and fluid together measured over a pint. The liver, though carefully examined, showed no signs of either recent or old-standing hydatid disease in the shape of cicatrices. The other abdominal organs appeared healthy.

**Remarks.**—The point of chief interest seems to me to be the relation between the affection of the spleen and that of the lung, for that the latter was hydatid, I think, admits of no doubt; as far as could be gathered they seem to have originated about the same time. It is a matter of regret that I could not glean any particulars from her previous medical attendants; one, to whom I wrote, remembered the case, but could not find any notes of it. A curious feature is the non-affection of the liver; for I believe it is almost an invariable rule that when the spleen is affected, there are found traces of previous liver affection. If it be suggested that the secondary growths are started by conveyance of the parasite in the portal blood-stream, the splenic ought to be the older growths, the hepatic the more recent; and, in the case just reported, one would have expected to find (if this theory were correct) a recent tumor in the liver; the opposite state of things, however, appears to be the rule; an old liver-affection, a recent splenic one, when these coexist. This case would seem to lend support to the theory that the hooked embryos, when liberated in the human alimentary canal, make their way at different periods into neighboring organs, and thus originate hydatid growths at different stages, quite independently of the blood-stream.

**Influence of Vichy Water on Digestion.**—M. Leven read before the Société de Biologie of Paris an account of certain experiments which he had recently made in conjunction with M. Sémerie in regard to the action of Vichy water upon the digestion. The first effect of the injection of Vichy water was found to be a very marked congestion of the liver. In an animal which had drunk three hundred grams of the water, the weight of the liver was found after a short time to have increased by eighty grams. Experiments were also made to determine whether Vichy water aids the digestion of foods; a dog was fed upon two hundred grams of cooked beef and one hundred and fifty grams of pure water, and was killed at the end of three hours, when all the food was found in the stomach. A second dog was then fed with the same quantity of meat, but the fluid was replaced by one hundred and fifty grams of Vichy water, and it was found that at the expiration of three hours seventy-six grams of the food had disappeared from the stomach. Experiments upon the digestion of bread gave analogous results: thus the stomach of a dog who had eaten two hundred grams of bread contained three fourths of the whole quantity at the end of five hours, while a dog who had eaten two hundred grams of bread, and had drunk one hundred and fifty grams of Vichy water, had almost finished its gastric digestion in five hours, since only fifty grams remained.—*Le Progrès Médical.*

**Calomel.**—In the March 30th issue of *Bulletin de Thérapeutique*, M. Verne, pharmacist, takes up the question of the alteration of calomel when combined with sugar, and especially its change into the bichloride, with the consequent therapeutic dangers. He finds from two series of experiments with mixtures of chloride of sodium, citric acid, cane and beet sugar with calomel, that these alterations are almost *nil* and the asserted dangers consequently fictitious. He is inclined to refer the accidents that have been reported to other causes, such as an unequal distribution of the drug in the mixture, etc. The commonly assumed danger of acid drinks taken when using calomel is also a pure prejudice, since calomel in solution with citric acid for fifteen days underwent no change. Moreover, the free chlorhydric acid of the gastric juice would naturally be much more dangerous, as it is stronger.

The protochloride of mercury is, according to M. Verne, a much more stable salt than is generally supposed, and he considers the bichloride much more likely to be reduced to calomel than is the latter to change to bichloride. In support of this he quotes from Wurtz, who says that very many agents, especially under the action of light, reduce the bichloride to the protochloride, and even to metallic mercury.

M. Verne's theory is that non-coagulated albumen, at the temperature of the human body, is the reductive agent of calomel *par excellence*; that it transforms it into the protoxide to form with the latter a nearly insoluble albuminate. He also affirms from his experiments, in opposition to some others, that chloride of sodium, either alone or combined with albumen, at a temperature of 40° Centigrade, has no action whatever on calomel.—*Chicago Med. Gazette*.

**Preparations of Pepsin and Iron.**—At a recent meeting of the Paris Academy of Sciences, (Pharm. Post), Vulpian, Chatin, Personne, and Peter energetically attacked all pharmaceutical specialties, and particularly all preparations of pepsin and iron, which in their opinion scarcely ever contain what their manufacturers claim, and in nine out of ten cases are entirely inefficient. Vulpian particularly found fault with the different pepsins, diastases, and pancreatins of the (French) market, and still more so with the wines and elixirs made from these, in which the alcohol almost entirely counteracted the medicinal effect of these principles. Chatin, the director of the School of Pharmacy, suggested to banish all proprietary medicines from drug stores, and advised physicians not to prescribe them under any condition. Similar views were expressed by Vulpian and Prof. Peter. Personne referred to iron specialties, and particularly to Bravais's dialysed iron, which he considered impure and entirely insoluble in the stomach and therefore of no value, and Professor Berrthelot stated that it should be employed in every case where the use of an absolutely inert iron preparation is desired.—*Am. Jour. Pharm.*

**Jaborandi in Mumps.**—Dr. Testa (*Il Morgagni*) has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy in mumps; 2. The efficacy is explained by its hydragogue and especially its sialagogue properties; 3. Administered early it will prevent the development of the affection; 4. It may prevent the metastases, which are not infrequent.—*Med. Press and Circular*.

**The Administration of Ergot in Labor.**—Dr. Glynn Whittle (Dublin Jour. of Medical Science) thinks that there is no doubt that ergot judiciously administered will often save a lying-in woman from the necessity of a forceps delivery. If there is reason to fear post-partum hemorrhage, ergot should always be given before the child is born. The fifteen-to-thirty-minim range of the Pharmacopeial liquid extract is practically useless, but there is a limit to the dose which it is desirable to give. Two fluid drams may be mentioned as a maximum, but occasionally it is justifiable to repeat this quantity. Dr. Whittle also lays down the following rule in regard to the administration of ergot. Never administer ergot until the labor is so far advanced that it could if necessary be easily finished with the forceps. In cases where tonic uterine contraction follows, threatening the life of the child, but not terminating the labor, recourse may then be had to the forceps. If the placenta happens to be morbidly adherent, the danger of the complication may be greatly augmented by post-partum increased uterine contraction, due to the influence of ergot, and of such a case Dr. Whittle quotes an instance which occurred in his own practice.—*Practitioner*.

**Benzoyate of Sodium Useless in Diphtheria.** Gnändinger (*Cbl. f. Chir.*, from *Wien. Med. Blätter*) says that of seventeen cases of diphtheria in children treated by the benzoate of sodium, so warmly extolled by Letzerich, eight died. Of seventy six others treated in the same hospital with ice, chlorate of potassium, and stimulants, twenty-five died, while two were under treatment at the time of the report. Gnändinger propounds the four following questions: 1. Has benzoate of sodium any perceptible influence upon the rapidity with which the existent false membrane is thrown off? 2. Has it any influence in preventing the formation of this false membrane? 3. Are disturbances of the general system relieved or prevented? 4. Does this medicine itself influence the condition unfavorably? All four of these questions are answered negatively by Gnändinger. He says, "The benzoate of sodium has not sustained the character claimed for it by Letzerich, of 'certainty and rapidity,' either with regard to its influence in curing the disease, or even relieving the more important symptoms."

**Glycerin and Sodium Bicarbonate for Burns.** Sodium bicarbonate has been used extensively and very successfully lately as an application to burns by spreading a layer of the powdered salt over the burnt part and surrounding it with a moistened strip of linen; when thus used on fresh burns the pain is relieved immediately and blisters never form. Dr. Th. Koller recently tried repeated glycerin applications for burns, and reports that he found it not only equal, but even far superior to sodium bicarbonate for relieving the burning pain and preventing the formation of blisters, it at the same time leaving the skin soft, while the sodium bicarbonate is apt to have the opposite effect. He applies the concentrated, syrupy, perfectly clear glycerin to the burns with the hand with but very slight pressure.—*American Journal of Pharmacy*.

**For Sale—Cheap.**—An office, horse, buggy, and stable, together with a good practice in a new part of the country; no opposition. All for \$300 cash. Address D. S. Lane, Flint, Mich.